

Diocese of Superior
Permission Form for Minors with Indemnity Agreement and Emergency Contacts

Child Information

Full Name: _____ Date of Birth: _____ Gender: Female Male

Address: _____

Home parish name & city: _____

Event Information

Description of Event: Totus Tuus

Date of Event: **June 9-14, 2019** Times: 1-6th grades: 9am- 2:30pm ; 6-12th grades: 7:30- 9:30pm

Transportation Method: None. Parents are responsible for arranging travel.

Participant cost: None. Elementary students bring a bagged lunch & beverage. Snacks will be provided.

Sponsored by: Cathedral of Christ the King Parish

Supervised by: Susan Collins

Your permission is needed for your child to participate in the event listed above. Please return this signed form no later than June 7 to: Cathedral Rectory 1410 Baxter Ave. or place in collection basket at Mass marked attn. S. Collins.

I give permission for my child to participate in the above named event. My signature below indicates that I understand the risks and hazards associated with the event this event, including injury, illness and the rare possibility of death. I understand that I may discuss any concerns or questions I have about this event with a representative of the parish or Diocese of Superior prior to giving permission for my child to participate. In consideration for my child's participation, I agree to reimburse and indemnify the above named parish and the Diocese of Superior for all reasonable legal and court fees incurred by the parish/diocese in defending a lawsuit that I or my child may bring against the parish/diocese which relates to the above named event if the parish/diocese is found not legally liable by the courts and prevails in the lawsuit. If the parish/diocese is found legally liable for any injuries sustained by my child, this paragraph will not apply. I further agree to reimburse the diocese or any other agency for property damage or any bodily harm to other participants caused by my child.

Parent/guardian signature: _____ Date: _____

Relationship to child: _____

Phone numbers – Home: _____ Work: _____ Cell: _____

Parents' email address: _____

ALLERGIES: _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____

Phone – Home: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____

Phone – Home: _____ Cell: _____ Work: _____

Child's primary physician: _____ Phone: _____

Health system & location: _____

Health insurance carrier: _____ Policy number: _____

A MEDICATION CONSENT FORM MUST BE COMPLETED AND THE PRODUCT SUPPLIED FOR EACH MEDICATION YOUR CHILD WILL NEED TO TAKE DURING THIS EVENT. ASK THE EVENT ORGANIZER FOR THIS FORM.